

FILED SEP 12 1941

Registration District No.

Primary Registration District No.

1002

Registrar's No. 3108

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St. Joseph's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution July 5th
In this community 0 years, months or days (Specify whether)

3. (a) PRINT FULL NAME John W. Dickey

3. (b) If veteran name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Lena Dickey 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 31, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Ray County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver
11. Industry or business Steward Sand Co.

MOTHER FATHER { 12. Name William Dickey
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Catherine Davis (City, town, or county) (State or foreign country)
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice McGinniss
(b) Address 4404 Virginia

17. (a) Removal (b) Date thereof 8-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enon Cemetery, Excelsior Springs, Mo.

18. (a) Signature of funeral director Thomas E. Quirk
(b) Address 4316 Troost Ave.

19. (a) 8/18/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4404 Virginia
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
1941 year 1705 hour a.m. minute M.

21. I hereby certify that I attended the deceased from July 5, 1941
to Aug 17, 1941
that I last saw him alive on Aug 17, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Chromosomes
hypocandilic

Due to intestinal obstruction
operation

Due to Gallstones 12/6

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 3 mch before death

Of autopsy yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. B. Caselott (M. D. or other) D

Address 715 Angulo Bldg 8/18/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3775

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.